

# OVER-THE-COUNTER MEDICATION REQUEST

(Please print clearly)

Name of person treated:

Age:

Allergies:

Sponsor's Name:

Sponsor's ID #: (20)/

Please indicate if the patient seeking treatment currently has any of the following medical conditions (circle all that apply):

Asthma  
Bleeding disorder  
Chickenpox or flu  
Diabetes  
Difficulty urinating  
Emphysema/COPD

Glaucoma  
Heart disease  
High blood pressure  
Kidney disease  
Taking medication for arthritis  
Taking Methotrexate

Taking blood thinners  
Taking MAO inhibitors  
Taking medication for gout  
Thyroid Disease  
Ulcer/gastric reflux  
Pregnant

Symptoms being treated (check all that apply):

☐ Stuffy nose  
☐ Runny nose  
☐ Itchy, watery eyes  
☐ Itchy nose or throat  
☐ Sneezing  
☐ Post-nasal drip  
☐ Combination Cold  
Symptoms

☐ Dry cough  
☐ Headache  
☐ Muscle aches & pains  
☐ Fever  
☐ Sore throat  
☐ Dry skin  
☐ Skin rash  
☐ Constipation

☐ Athlete's foot  
☐ Poison Ivy/Oak  
☐ Diarrhea  
☐ Heartburn  
☐ Indigestion  
☐ Cut(s) or Abrasions  
☐ Vaginal yeast infection

1. By signing below, I certify that the above information is accurate and that the following statements are true to the best of my knowledge:

- ◆ I do not wish to see a physician or other health care provider for advice before receiving this medication
- ◆ I understand this medication is for minor illnesses or conditions only
- ◆ If symptoms worsen or do not improve within 48 hours, the person for whom medication(s) is/are intended should be seen by a medical provider
- ◆ An eligible beneficiary will use this medication
- ◆ The person using this medication is not on flight status, pregnant, or has any known allergies to the medications received

2. On the advice of the medical staff of this facility:

- ◆ There is a limit of 3 items per visit per patient
- ◆ Maximum of 1 visit per patient every 4 weeks
- ◆ Tylenol will not be dispensed to children under 8 weeks old. Chlorpheniramine, Generic Dimetapp and Konsyl-D will not be dispensed to children under 6 years old. Aspirin and throat lozenges will not be dispensed to children under 12 years old.

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Home Phone Work Phone Your Signature Today's Date